

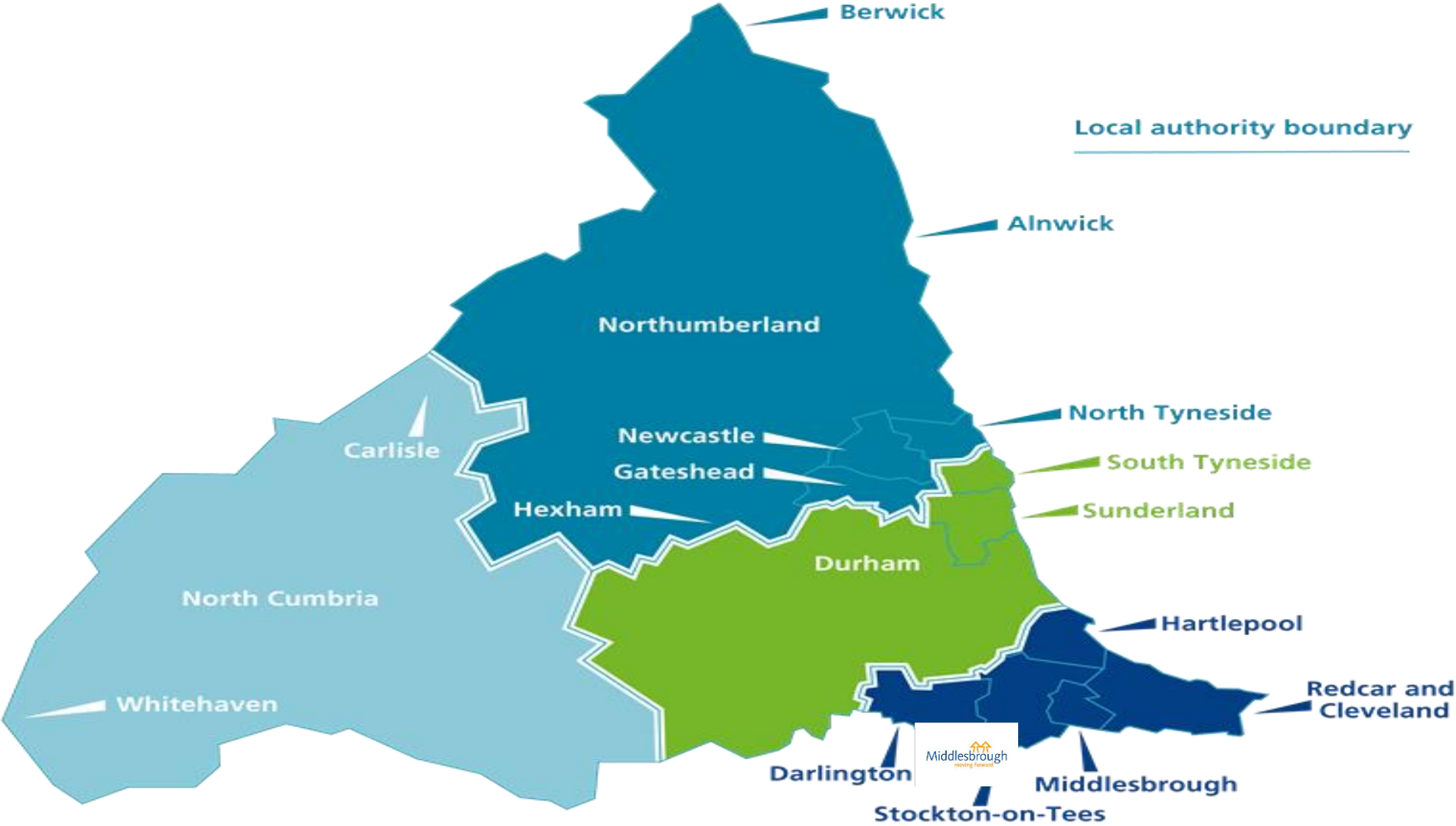
***Co-production of evidence-based framework  
and related guidance for practitioners on  
personalised risk management and safety  
planning for adults experiencing suicidality***

***Katherine McGleenan** – Nurse Consultant Advisor – CNTW Research & Innovation - NE/NC SP Network*

***Darren Flynn** – Professor of Applied Health and Social Care Research, Department of Nursing, Midwifery & Health, Northumbria University*



# North East and North Cumbria ICS Population 3.1M



The logo consists of two overlapping speech bubble shapes. The top one is lime green and contains the word 'Suicide' in white. The bottom one is teal and contains the word 'Prevention' in white. To the right of the top bubble, the text 'EVERY LIFE MATTERS' is written in green and teal.

**Suicide**

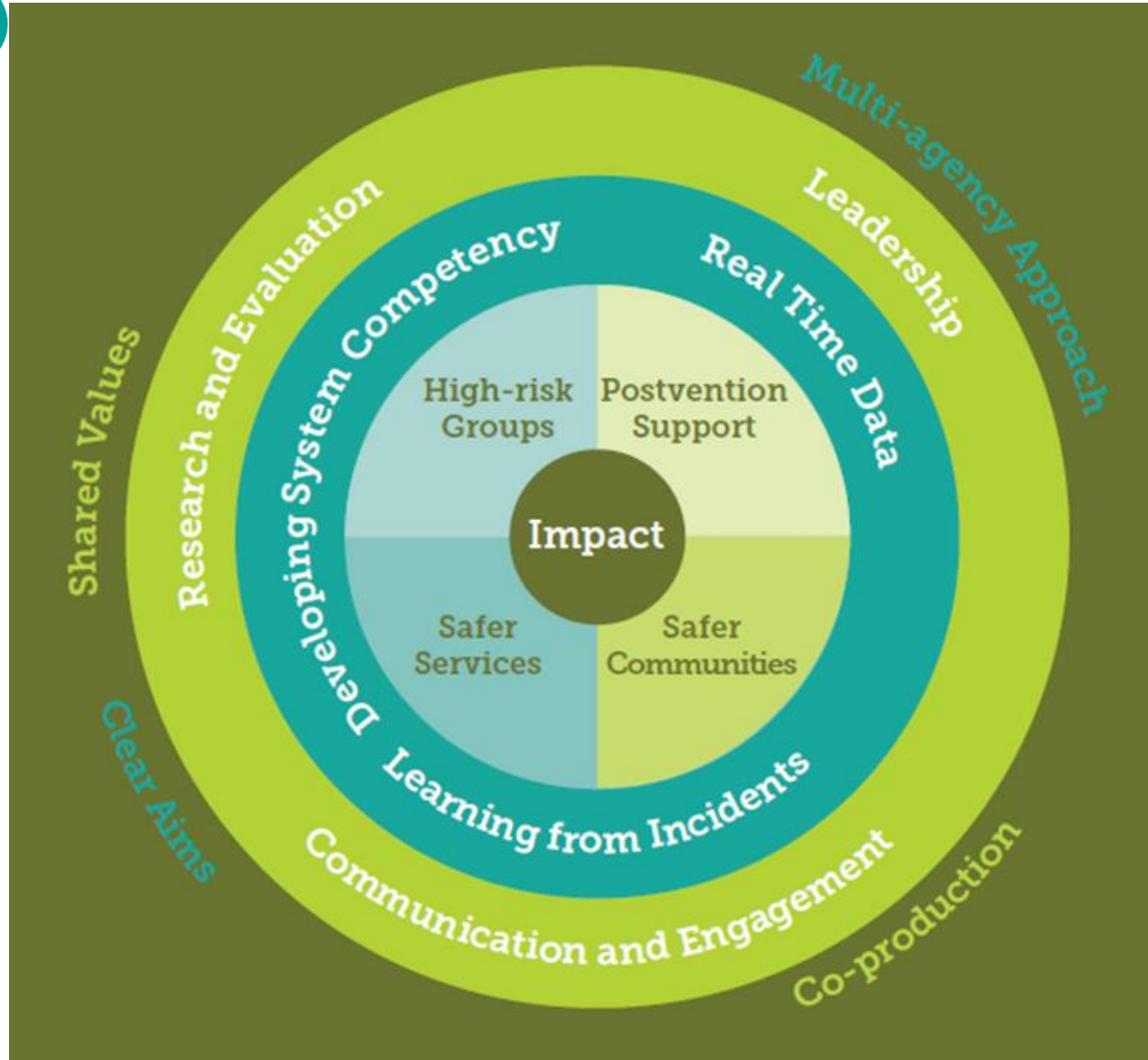
EVERY LIFE  
MATTERS

**Prevention**

## **Our Key messages;**

- **Suicide is preventable – *everyone can help***
- ***Look after yourself***
- ***Look out for others***
- ***Get help early***

# NENC Suicide Prevention Network - Priority workstreams



# Background/rationale for the ARC-funded study

- 1. Priority identified by people with lived experience of suicidality**
  - 2. Need to move from risk prediction to a personalised approach**
- Risk prediction tools have little predictive value
  - A personalised approach to safety planning and managing risk is a key priority highlighted by NCISH
  - The NHS long term plan personalisation agenda

***“Co-production of evidence-based framework and related guidance for practitioners on personalised risk management and safety planning for adults experiencing suicidality.”***

***NENC NIHR ARC-funded study***



# Who is involved

**Lead investigator** – Katherine McGleenan

**Co-leads** – Prof Darren Flynn & Jill Barker

**Research Fellow** – Dr Isobel Gordon

**Experts by Experience** - Paula, Tara, Becka, Vick

**Academics/senior clinicians** - 3 regional universities

**NE/NC SP Network** - multiagency partners

**Safeguarding advice** - NCISH & Glasgow University

**Suicidal Behaviour Research Laboratory**



# Dedicated to Jaymie



*“After Jay’s death I learnt a lot about suicide. I came to understand the importance of personalised safety planning. I felt had one been available for Jaymie, her family and friends, it may have helped to save her life.”*

**Paula – Jaymie's mum**





# Evidence for safety planning interventions (SPIs)

BJPsych

The British Journal of Psychiatry (2021)  
Page 1 of 8. doi: 10.1192/bjp.2021.50



CrossMark

Review

## Safety planning-type interventions for suicide prevention: meta-analysis

Chani Nuij, Wouter van Ballegooijen, Derek de Beurs, Dilfa Juniar, Annette Erlangsen, Gwendolyn Portzky, Rory C. O'Connor, Johannes H. Smit, Ad Kerkhof and Heleen Riper

SPIs for suicide prevention, with safety plan including a minimum of personalised coping strategies and sources of support

**N = 6 studies with 3,536 participants**

USA x 3; Taiwan x 2; and one study from Switzerland (published between 2013 to 2018)

- **Significant positive effect of SPIs on suicidal behaviour** (fatal & non-fatal suicide attempts)
- **No evidence for an effect of SPIs on suicidal ideation**

# Evidence for safety planning interventions (SPIs)

## Meta-analysis of 6 studies (Nuij et al in 2021 – previous slide)

- One study low risk of bias, one at moderate risk of bias and **four at high risk of bias**

## Implementation Fidelity (Gamarra et al 2015 *Crisis*. 2015; 36[6]: 433–439)

- Chart-review study (N=180 patients flagged as high risk for suicide)
- Safety plans were largely complete and of moderately good quality
- Higher quality safety plans were associated with fewer mental health related hospitalisations
- **Charts contained little evidence of provider-patient collaboration and follow up items**
  - eliciting feedback from the person about whether they used the safety plan or about how well they believed it was working, evidence of ongoing use of safety plans, or updates to the safety plan
- **Indicated a need for additional training and support regarding the use of safety plans for suicide prevention**

## Lack of theory- and evidence-based UK based studies of SPIs

# BMJ Open SAFETEL randomised controlled feasibility trial of a safety planning intervention with follow-up telephone contact to reduce suicidal behaviour: study protocol

Rory C O'Connor,<sup>1</sup> Jenna-Marie Lundy,<sup>1</sup> Corinna Stewart,<sup>1</sup> Susie Smillie,<sup>2</sup> Heather McClelland,<sup>1</sup> Suzy Syrett,<sup>1</sup> Marcela Gavigan,<sup>2</sup> Alex McConnachie,<sup>3</sup> Michael Smith,<sup>4</sup> Daniel J Smith,<sup>5</sup> Gregory K Brown,<sup>6</sup> Barbara Stanley,<sup>7</sup> Sharon Anne Simpson<sup>2</sup>

*BMJ Open* 2019;9:e025591. doi:10.1136/bmjopen-2018-025591

- ▶ SAFETEL will test the feasibility and acceptability of a safety planning intervention (SPI) with follow-up telephone support to patients admitted to UK hospitals following a suicide attempt.
- ▶ We have employed a collaborative person-centred approach to support the development of the SPI by involving those with lived experience as well as academics and clinicians.
- ▶ A process evaluation is embedded within the study.
- ▶ We have employed a mixed-methods approach (interviews, questionnaires, focus groups, medical records and hospital admission data).
- ▶ To enhance generalisability, this study is conducted in four hospitals.

## Intervention fidelity checking

# **Co-production of evidence-based framework and related guidance for practitioners on personalised risk management and safety planning for adults experiencing suicidality**

**Aim:** To co-produce with people with lived experience of suicidality a 'draft' evidence-based framework for practitioners on personalised risk management and safety planning.

- Draft framework will cover training for practitioners in a range of settings, support structures, tools, documentation and policy to inform routine practice

**Protocol was developed in partnership with Experts by Experience**

**Three linked objectives**

## Objective 1: Rapid Scoping Review

### co-produced review question:

*What is the optimal approach to the co-design of personalised risk management and safety plans for people experiencing suicidality?*

## Objective 2: Qualitative Interviews

Explore the lived experience of suicidality, including the views/preferences of experts by experience on the content of guidance for practitioners on personalised risk management and safety planning

### Inclusion criteria:

- Aged 18 years or over living in the community
- People with **current or previous** lived experience of suicidal thoughts and/or behaviour
- Willingness to provide a named contact at a voluntary or charitable organisation

## Objective 3: Interactive Group Workshops

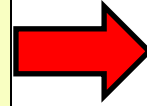
- Professional groups (up to 10 participants)
- Experts by experience and their relatives (up to 10 participants)

### Co-constructed evidence-based draft framework to support practitioners

- Range of settings
- Training, support structures, tools, documentation and policy to inform routine practice

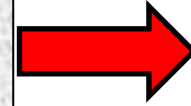
Invitation email and participant information sheet (PIS) to potential participants by gatekeepers

- staff based in VCSE organisations affiliated with NENC SPN



**PIS - co-designed with experts by experience members of the research team**

- easy read, dyslexia/aphasia friendly format



Person contacts the research fellow (and returns a 'first contact proforma')



## Interview Appointment

- Conducted by two interviewers (one is MH professional)
- Informed consent
- Screening questions – IAPT
- Wellbeing checks throughout the interview
  - *Responding to participant distress*
  - *Safeguarding procedures*
  - *Debriefing conversation at end of interview*



**Post-interview appointment (within 48 hrs) to check on well-being of participant**

## First contact appointment

- Confirm eligibility to participate, any questions they may have about the study and that they can attend the interview with a supporter
- Confirmation of the information stated on the first contact proforma
  - permission to inform the named person from the VCSE to be made aware they are taking part in the study (*and to contact them if the participant become distressed during the interview*)

*Explanation of interview process, types of questions, procedures in place to protect well-being and safeguarding*

All contact takes place during opening hours for VCSEs

# Progress to date and next steps

- **Currently at data extraction stage for scoping review**
  - 10 studies included (8 completed and 2 in-process studies)
- **Approvals granted for interviews and workshops**
  - Recruitment for interviews is underway
- **Publications**
  - Study protocol in preparation for submission to peer-reviewed journal
  - Development process for the co-constructed draft framework for practitioners on personalised risk management and safety planning.
- **Outputs will be used to inform a subsequent grant application to further develop the draft framework and evaluate training to support practitioners to deliver personalised safety planning in a range of settings**

NORTH EAST AND NORTH CUMBRIA

**Suicide Prevention**

NETWORK

[www.stopsuicidenenc.org](http://www.stopsuicidenenc.org)

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# Q&A

